

## **Newsome, Lamonte**

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**From:** Newsome, Lamonte  
**Sent:** Tuesday, March 20, 2012 6:15 PM  
**To:** Dollinger, Tonia  
**Subject:** 10601237  
**Attachments:** SPE's Reponse 9-19-11 (8).doc

Please review the attached document.

Examiner/SPE:

- Read the request from the attorney/applicant dated \_\_\_\_03/14/12\_\_\_\_
  - Print out the IMIS and indicate your approval, approval in part (please indicate what is denied and what is approved), or denial of the request and sign
  - Send the IMIS for scanning under the code COCX
  - Send me an email indicating that you've sent the COCX and I will look for your decision.

Thank you, I'm looking forward to hearing from you.

*Lamonte M. Newsome*

*Certificate of Corrections*

*571-272-3421 (Voice)*

*571-273-3421 (Fax)*

**SPE RESPONSE FOR CERTIFICATE OF CORRECTION**

**DATE** : 03/20/12

**TO SPE OF** : ART UNIT 2443

**SUBJECT** : Request for Certificate of Correction for Appl. No.: 10601237 Patent No.: 8131880

**CofC mailroom date:** 03/14/12

Please respond to this request for a certificate of correction within 7 days.

**FOR IFW FILES:**

Please review the requested changes/corrections as shown in the **COCIN** document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Please complete the response (see below) and forward the completed response to scanning using document code **COCX**.

**FOR PAPER FILES:**

Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to:

**Certificates of Correction Branch (CofC)**  
**Randolph Square – 9D10-A**  
**Palm Location 7580**



**Note: Should the changes to claim 52 be approved?**

*Lamonte Newsome*

**Certificates of Correction Branch**

**571-272-3421**

**Thank You For Your Assistance**

**The request for issuing the above-identified correction(s) is hereby:**

Note your decision on the appropriate box.

**SPE RESPONSE FOR CERTIFICATE OF CORRECTION**

☐ **Approved**

**All** changes apply.

☐ **Approved in Part**

Specify below which changes **do not** apply.

☐ **Denied**

State the reasons for denial below.

**Comments:** \_\_\_\_\_

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**SPE**

\_\_\_\_\_  
**Art Unit**